RECEIVED
CENTRAL FAX CENTER

AUG 1-1 2006

FAX TRANSMISSION

DATE:	August 11, 2006							
CLIENT NO.:	M1912.0025							
MESSAGE TO	Examiner R. W. Wilson							
COMPANY:	S. Patent and Trademark Office							
FAX NUMBER	R: (571) 273-8300							
PHONE:								
FROM:	Michael J. Scheer/Haydee							
PHONE:	(212) 277-6511							
PAGES (Inclu	Iding Cover Sheet): 25 HARD COPY TO FOLLOW: YES X NO							
MESSAGE:	Attached:							
	Amendment - 21 pages							
	Petition for Extension of Time - 1 page							
	Fee Transmittal Form - 1 page							
	Credit Card Payment Form - 1 page							

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (212) 277-6511 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

DICKSTEIN SHAPIRO LLP

1177 Avenue of the Americas, 41st Floor, New York, New York 10036-2714

Telephone: (212) 277-6500 Facsimile: (212) 277-6501

DOCSNY-209346v01

AUG 1 1 2006

PTO/SB/17 (01-06)

Approved for use through 7/31/2006, QMB 0651-0032

S. Patent and Tradbriterk Office; U.S. OEPARTMENT OF COMMERCE

Under the Paperwork F	Reduction Act of 1995, a	no person are re	guinad to res	pond to a collection	of information u	ınlasş it displaya a	velid OMB contro	al number.		
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			. 4818).	Complete if Known						
FEE TRANSMITTAL				Application Number		10/027,006-Conf. #1148				
			_	Filing Date		December 26, 2001				
For FY 2006				First Named Inventor		Masayoshi Kobayashi R. W. Wilson				
				Examiner Name		2661				
Applicant claims small entity status. See 37 CFR 1.27			<i>'</i>	Altonia						
TOTAL AMOUNT OF PAYMENT (\$) 120.00 Attorney Docket No. M1912.0025										
METHOD OF PAYMENT (check all that apply)										
Check X Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 50-2215 Deposit Account Name: Dickstein Shapiro LLP										
For the above-identified deposit account, the Director is hereby authorized to; (check all that apply)										
The second for the filling for										
Thange any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
		FEES Small Entity	SEA	RCH FEES		TION FEES Small Entity				
Application Type	<u>Fee (\$)</u>	Fec (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Pald	(\$)		
Utility	300	150	500	2 50	200	100				
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissuc	300	150	500	250	600	300				
Provisional	200	100	0	0	0	0				
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)										
Fee Description										
•	Each claim over 20 (including Reissucs) 50 25 Each independent claim over 3 (including Reissucs) 200 100									
Multiple dependent cl	•	• .					360	180		
Total Claims I	Extra Claims F	ee (\$)	Fee Pa	aid (\$)	<u>Mul</u>	<u>tiple Depende</u>	nt Claims			
- 20 = _	×				Fee	<u>(\$)</u> <u>f</u>	ce Pald (\$)			
HP = highest number of to	otal ctaims paid for, if gr	eater than 20.								
indep. Claims	Extra Claims F	<u>ee (\$) </u>	Fee P.	aid (\$)						
-3 = _ HP = highest number of it	Assessed and challenge model	for if proster th	an 9							
3. APPLICATION SIZ		101, 11 graphs 11								
If the specification a	nd drawings excee	d 100 sheets	of paper (excluding elect	ronically file	d sequence or	computer			
listings under 37	CFR 1.52(e)), the	application si	ize fee due	is \$250 (\$125°)	for small ent	ity) for each a	dditional 50			
1	thereof. See 35 U					Fee (\$)	Fee Pai	d (\$)		
Total Sheets	Extra Sheets			<u>lditional 50 or fra</u> /mund up to a wh			<u> </u>	0.134		
-100 =/60(round up to a whole number) x =										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late fil					irst month		120.0	00		
SUBMITTED BY			-							
Signature	heal Inis	(40,4	(16)	Registration No. (Attorney/Agent)	34,425	Telephone	(212) 277-6	5511		
Name (Print/Type) Mic	nael J. Scheer					Date	August 11,	2006		
						<u> </u>		•		
CERTIFICATE OF FACSMILIE										
I harsby certify that this paper (slong with any paper referred to as being strached or enclosed) is being transmitted by facsimile to the Patent and										
Tredemark Office, facsimile no. (571) 273-8300, on the date shown below.										
Datad: August 11, 2008 Signature: Michael J. Scheer										
Micriael J. Schraft										
1		•								

DSMO

DOCSNY-209344v01